

## Practice Site Requirements

Practice sites must meet the following conditions:

- Be located in a health professional shortage area identified by the Delaware Health Care Commission;
- Be identified by the Delaware Health Care Commission as a loan repayment practice site;
- Be committed to employing a health professional full-time (minimum of 40 hours a week, not including time on-call or travel time, except in those instances where the clinician is providing full-time care to low income, homebound patients in an underserved area and for whom transportation to the clinician's office is either unavailable or unreliable) for a minimum of two (2) years;
- Provide assurance that compensation to Loan Repayment Clinician(s) will be comparable to prevailing rates in the area;
- Provide adequate documentation of the medical care that will be provided by the Loan Repayment Clinician; and
- Certify that the Loan Repayment Clinician will provide health care services to Medicare, Medicaid, State Children Health Insurance Program (S-CHIP), and uninsured patients.
- All practice site sponsors must not have been convicted of any felony, including but not limited to violent felonies, as so defined under either Federal or State law and as more particularly defined and enumerated in 11 **Del. C. Sec. 4201**; and not have been convicted or found guilty of, or disciplined by this or any other State licensing Board or Agency authorized to issue a certificate to practice medicine or dentistry in this or any other State, for unprofessional conduct as so defined in 24 **Del. C. Sec. 1731(a)**;
- Practice sites must agree to allow all non-dental clinicians to participate in the Delaware Community Healthcare Access Program (CHAP) and the Voluntary Initiative Program Phase II (VIP II) sponsored by the Medical Society of Delaware. CHAP provides low cost or no cost primary care "medical homes" to individuals who are ineligible for the Diamond State Health Plan or the Delaware Healthy Children Program, yet within established income limits. Enrollment in CHAP also provides eligible individuals with access to a statewide network of medical subspecialty services. Other benefits currently under negotiation include discounted lab and x-ray services, and pharmaceuticals. CHAP recipients receive discounted medical services based upon their income. VIP II is a statewide network of private physicians who accept CHAP patients into their practices and serve as their health home or provide medical subspecialty services.

**Applications:** Applications are accepted from practice sites and health professionals on a continuous basis. Interested persons should contact:

Loan Repayment Coordinator  
Delaware Health Care Commission  
Haslet Armory Suite 202  
122 William Penn Street  
Dover, DE 19901  
Phone: (302) 672-5187  
Fax: (302) 739-6927

**INSTRUCTIONS:  
(Practice Sites)**

**Practice Site Application Requirements**

A preliminary review of each application will be conducted by the Loan Repayment Program Coordinator to determine 1) if the practice site is located within a shortage area, as identified by DHCC, and 2) that the required documentation is complete. The preliminary review will be conducted solely for the purpose of determining the completeness of the application; the specific content provided in each of the components will not be considered. Incomplete applications will be returned immediately.

The Practice Site Application (Appendix A) must, at a minimum, include the following:

**A. Practice Site Application Form (see Appendix A):**

- 1. Facility Information:** Provide the name, address, county, telephone number and fax number of the practice site interested in hiring a Loan Repayment Clinician. Also, indicate the type of practice site (i.e. group practice/solo practice, public, private not for profit, private for profit).
- 2. Practice Site:** Provide the name, address, and county of actual practice site at which the Loan Repayment Clinician would practice, if different from the primary location of the practice site.
- 3. Recruitment Contact:** Provide the name, address, phone number, fax number and the e-mail address of the individual responsible for clinician recruitment. All Loan Repayment Program correspondence will be directed to the person identified as the recruitment contact.
- 4. Practice Site Data Regarding Active Clients:** Provide the total number of active patients at the practice site in the previous calendar year. Indicate total patients, as applicable, for primary care, specialty care and mental health services. Provide pro-rated or estimated annual totals if the practice site was not operational for the entire previous calendar year. For new practice sites, estimate the number of patients anticipated for the next year. Of the total number of patients, provide the percentage of all current patients, broken out by given age groups, making payment conventional insurance plans, Medicare, Medicaid or self-pay. Submit a sliding fee scale if applicable. In cases where individual negotiated payment arrangements are made, please indicate the number of patients treated in this manner and describe the general financial arrangements.
- 5. Staffing Levels:** Provide the total number of budgeted full-time equivalent providers currently on staff. Also include the number of Loan Repayment Clinicians requested by specialty and the projected hire date of each.
- 6. Practice Site Hours of Operation:** Indicate the normal operating hours of the practice site by the days of the week. If hours of operation vary by practitioner, please specify.

- 7. Proposed Loan Repayment Clinician Weekly Work Schedule:** Indicate the proposed weekly work schedule of the proposed Loan Repayment Clinician(s). Include the number of hours (with start and end times) and the location (hospital/practice site). The schedule must indicate the amount of time the Loan Repayment Clinician is actually providing services; do not include travel or on-call time. A separate schedule must be included for each proposed loan repayment clinician.

**B. Retention:**

The practice site must provide written documentation of plans to retain the Loan Repayment Clinician in the service area upon completion of their service obligation. Specifically, this plan must include short-term and long-term strategies that will not only keep the clinician in the service area, but also will encourage the clinician to continue to practice the specialty for which he/she was hired, including but not limited to malpractice insurance, partnership opportunities, pension, annual and sick leave, market rate competitive salary and salary increases. Please limit the retention plan to one-page. **Applications submitted without a retention plan are deemed incomplete and will not be considered.**

**C. Practice Site Agreement:**

The director or applicant official of the practice site must initial each of the statements on the Practice Site Agreement (see Appendix A) indicating agreement to comply with all requirements of the Delaware Loan Repayment Program. The director or applicant official of the practice site must provide an original, dated application with a live signature (using blue ink). This signature binds the site to the information provided and verifies that the form has been completed with accurate and current information.

APPENDIX A

DELAWARE STATE LOAN REPAYMENT PROGRAM  
*PRACTICE SITE* APPLICATION FORM

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1. **Facility Information Site:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Group Practice: ☐ Public: ☐ Private For Profit: ☐ Private Non Profit: ☐
2. **Practice Site:** \_\_\_\_\_  
Street Address: \_\_\_\_\_ Census Tract: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_
3. **Recruitment Contact:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
4. **Name of specific Loan Repayment Applicant being recruited by site, if applicable:** \_\_\_\_\_
5. **Date of application:** \_\_\_\_\_

## 5. Practice Site Data Regarding Active Clients

Total Number of Patients Receiving the Following Services During the Previous Calendar Year:

Primary Health Care \_\_\_\_\_ Specialty Care \_\_\_\_\_ TOTAL \_\_\_\_\_  
General Dental Care \_\_\_\_\_ Mental Health Care \_\_\_\_\_  
Pediatric Dental Care \_\_\_\_\_ Other \_\_\_\_\_

Total Users in Previous Calendar Year Below 200% of Federal Poverty Level \_\_\_\_\_

Please provide information on the percent of the total patient population of the practice that falls under the following payment categories:

AGE GROUP	MEDICAID or S-CHIP	MEDICARE	SELF-PAY (UNINSURED)  NEGOTIATED/ REDUCED FEE or FREE SERVICE	COMMERCIAL INSURANCE
Birth – 11 Years	%	%	%	%
12- 18 Years	%	%	%	%
19-62 Years	%	%	%	%
63+ Years	%	%	%	%

## 6. Staffing Levels

AREA OF PRACTICE	STAFFING LEVEL		# of Loan Repayment Clinicians Requested	PROJECTED HIRING TIMELINE (Please include estimated date if known)			
	Full	Current		1-3 Months	4-6 Months	7-12 Months	More than 12 Months
<b>PRIMARY CARE PHYSICIANS/DENTISTS</b>							
Family Practice							
General Internal Medicine							
General Pediatrics							
Obstetrics/Gynecology							
Dentist							
Other (Please Specify)							
<b>SPECIALIST PHYSICIANS (Please Specify Specialty Area)</b>							
Medical Oncology							
General Psychiatry							
Pediatric Psychiatry							
Other (Please Specify)							
<b>NURSE PRACTITIONERS</b>							
Family Nurse Practitioners							
Adult Nurse Practitioners							
Geriatric Nurse Practitioners							
Pediatric Nurse Practitioners							
Women's Health Nurse Practitioners							
Psychiatric Nurse Practitioners							
<b>OTHER DISCIPLINES</b>							
Physician Assistants							
Certified Nurse Midwives							
Dental Hygienist							
Dental Assistant							
Clinical Psychologists							
Clinical Social Workers							
Psychiatric Nurse Specialist							
Licensed Prof. Counselor							
Licensed Marriage & Family Therapists							
Other (Please Specify)							

## 7. Practice Site Hours of Operation.

DAY	TIME (Start and End)		TOTAL HOURS
Monday	AM:	PM:	
Tuesday	AM:	PM:	
Wednesday	AM:	PM:	
Thursday	AM:	PM:	
Friday	AM:	PM:	
Saturday	AM:	PM:	
Sunday	AM:	PM:	

## 8. Proposed Loan Repayment Clinician Weekly Work Schedule:

DAY	TIME (Start and End)		WHERE (Practice Site)	TOTAL HOURS
Monday	AM:	PM:		
Tuesday	AM:	PM:		
Wednesday	AM:	PM:		
Thursday	AM:	PM:		
Friday	AM:	PM:		
Saturday	AM:	PM:		
Sunday	AM:	PM:		

Provide a separate work schedule for each Loan Repayment Clinician requested and specify the specialty of each.

## RETENTION

Describe your short and long-range plan for the retention of a Loan Repayment Clinician during and beyond the required two-year obligation. Please use additional paper and be specific.

**Applications submitted without a retention plan are deemed incomplete and will not be considered.**

## **PRACTICE SITE AGREEMENT**

The Delaware Health Care Commission (DHCC) is committed to ensuring that all Delaware residents have access to quality, affordable health care. Accordingly, DHCC is prepared to consider loan repayment applications on behalf of clinicians under certain conditions. The director or applicant official for the facility or practice site applying to the Loan Repayment Program must initial each of the following requirements:

### ***ACCESS***

\_\_\_\_\_ The practice site agrees to comply with all of the Program requirements set forth in this Agreement and guidelines.

\_\_\_\_\_ The Loan Repayment Clinician will provide health care services for at least forty (40) hours a week at the practice site named in the application for a minimum of two (2) years, as agreed upon in the contract. No more than 8 of those hours per week may be devoted to practice-related administrative activities. The practice will include hospital treatment coverage appropriate to meet the needs of patients of the approved service site and to ensure continuity of care.

With the exception of obstetrician/gynecologists, at least 32 of the minimum 40 hours per week will be spent providing clinical services in the ambulatory setting at the practice site names in the application, during normally scheduled office hours. The remaining hours will be spent providing inpatient care to patients of the approved site, and/or in practice-related administrative activities.

Obstetrician/gynecologists will spend the majority of the 40 hours per week (not less than 21 hours per week) providing ambulatory care services at the approved practice site during normally scheduled office hours. The remaining hours will be spent providing inpatient care to patients of the approved practice site, and/or in practice-related administrative activities. Administrative activities will not exceed 8 hours per week.

\_\_\_\_\_ The practice site agrees to provide health services to Medicare, Medicaid, S-CHIP, and uninsured patients on a reduced or pro bono basis for those patients demonstrating a hardship.

\_\_\_\_\_ The practice site has a nondiscrimination policy that prohibits discrimination based on race, creed, disability or religion.

\_\_\_\_\_ The practice site must allow all loan repayment **dentists** to agree that a minimum of 20% of their scheduled appointments will be comprised of Medicaid patients and/or low-income (<200 FPL) dentally uninsured patients who will be provided care at reduced rates or free-of-charge.

\_\_\_\_\_ Practice sites must agree to allow all non-dental clinicians to participate in the Delaware Community Healthcare Access Program (CHAP) and the Voluntary Initiative Program Phase II (VIP II) sponsored by the Medical Society of Delaware. To enroll in VIP II, call Wheeler & Associates at (302) 335-1560.



\_\_\_\_\_ I understand and acknowledge that the review of this practice site application is discretionary and that in the event a decision is made not to approve the site application, I hold harmless the State of Delaware, DHCC and any and all State employees and/or any and all individuals or organizations involved in the review process from any action or lack of action made in connection with this request.

### ***COMPREHENSIVE SYSTEM OF CARE***

\_\_\_\_\_ The providers shall practice in ambulatory settings that assure the availability of services, including after hours coverage, and arrangements for inpatient coverage and referrals, as needed.

\_\_\_\_\_ Hospital privileges for inpatient practice shall be maintained.

### ***QUALITY OF CARE***

\_\_\_\_\_ The physician practice site has a credentialing program in place to review references and verify licensure and certification status of all providers, including National Practitioner Data Bank Query.

\_\_\_\_\_ The practice site has a quality monitoring and improvement system in place, which may include patient satisfaction surveys, peer review systems, clinical outcome measures or other such tools.

\_\_\_\_\_ Services will be delivered in a culturally appropriate fashion so as to be sensitive and responsive to the needs of the target population.

\_\_\_\_\_ The practice site will address retention of providers through monitoring turnover rates, clinical team management efforts, pay comparability, surveys, exit interviews, and other means.

### ***PROVIDER EMPLOYMENT CONTRACT***

\_\_\_\_\_ Loan Repayment Clinicians shall practice only in the medically underserved area and at the practice site for which originally approved by the DHCC, unless a change is approved in writing by DHCC.

\_\_\_\_\_ The practice site shall inform DHCC about Loan Repayment Clinician vacancies, including resignations, termination, extended leave for providers, and filled/withdrawn status of recruitment needs. Notification shall be provided within 30 days prior to such occurrence, as or soon as it is known. The practice site shall document in writing all circumstances surrounding resignations and terminations.

\_\_\_\_\_ The practice site agrees to cooperate with mail, telephone and/or site visits conducted by DHCC for the purpose of monitoring compliance with the Delaware Loan Repayment Program.

I certify that the information provided in this application is true and correct. I also understand that any intentional or negligent misrepresentation(s) of the information contained in this application may result in the forfeiture of eligibility to participate in this recruitment and retention program.

Signature of Facility Director or Applicant Official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_